

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Applicant: Williams et al.  
Title: NAIL POLISH APPLICATOR  
Appl. No.:  
Filing Date:  
Examiner:  
Art Unit:

<b>CERTIFICATE OF EXPRESS MAILING</b>	
I hereby certify that this correspondence is being deposited with the United States Postal Service's "Express Mail Post Office To Addressee" service under 37 C.F.R. § 1.10 on the date indicated below and is addressed to: Commissioner for Patents, PO Box 1450, Alexandria, Virginia 22313-1450.	
EV 227049229 US	9/15/03
(Express Mail Label Number)	(Date of Deposit)
Carolyn Simpson	
(Printed Name)	
	
(Signature)	

**UTILITY PATENT APPLICATION**  
**TRANSMITTAL**

Mail Stop PATENT APPLICATION  
Commissioner for Patents  
PO Box 1450  
Alexandria, Virginia 22313-1450

Sir:

Transmitted herewith for filing under 37 C.F.R. § 1.53(b) is the nonprovisional utility patent application of:

Shannon Walker Williams  
720 East Eastwyn Bay Drive  
Mequon, Wisconsin 53092

Casey A. Ketterhagen  
3331 North Newhall Street  
Milwaukee, Wisconsin 53211

☒ Applicant claims small entity status under 37 CFR 1.27.

Enclosed are:

☒ Specification, Claim(s), and Abstract (16 pages).

☒ Informal drawings (4 sheets, Figures 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12).

- ☐ Declaration and Power of Attorney (3 pages).
- ☐ Assignment of the invention to Shannon Walker Williams.
- ☐ Assignment Recordation Cover Sheet.
- ☐ Small Entity statement.
- ☐ Request for application not to be published with certification under 35 USC 122(b)(2)(B)(i).
- ☒ Information Disclosure Statement.
- ☒ Form PTO/SB/08 with 13 listed reference(s).
- ☒ Application Data Sheet (37 CFR 1.76).
- ☒ Claim for Convention Priority.

The filing fee is calculated below:

	Claims as Filed		Included in Basic Fee		Extra Claims		Rate		Fee Totals
Basic Fee							\$750.00		\$750.00
Total Claims:	18	-	20	=	0	x	\$18.00	=	\$0.00
Independents	1	-	3	=	0	x	\$84.00	=	\$0.00
:									
If any Multiple Dependent Claim(s) present:						+	\$280.00	=	\$0.00
							SUBTOTAL:	=	\$750.00
<input checked="" type="checkbox"/> Small Entity Fees Apply (subtract ½ of above):								=	\$375.00
							TOTAL FILING FEE:	=	\$375.00

- ☐ A check in the amount of \$375.00 to cover the filing fee is enclosed.
- ☒ The required filing fees are not enclosed but will be submitted in response to the Notice to File Missing Parts of Application.
- ☒ The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 06-1447. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 06-1447.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date Sept. 15, 2003

By Todd A. Rathe

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Todd A. Rathe

Attorney for Applicant

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